

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number
PF-0059-5 CON

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	<input type="checkbox"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* 0
INDEPENDENT CLAIMS	/ minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	FEE	RATE
BASIC FEE	355.00	BASIC FEE
X\$ 9=	<input type="checkbox"/>	710.00
X40=	<input type="checkbox"/>	<input type="checkbox"/>
+135=	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>	TOTAL

710.00

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	<input type="checkbox"/>	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE	RATE
X\$ 9=	<input type="checkbox"/>	ADDITIONAL FEE
X40=	<input type="checkbox"/>	<input type="checkbox"/>
+135=	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL ADDITIONAL FEE	<input type="checkbox"/>	TOTAL ADDITIONAL FEE

710.00

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	<input type="checkbox"/>	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDITIONAL FEE	<input type="checkbox"/>	TOTAL ADDITIONAL FEE	<input type="checkbox"/>

710.00

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	<input type="checkbox"/>	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDITIONAL FEE	<input type="checkbox"/>	TOTAL ADDITIONAL FEE	<input type="checkbox"/>

710.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.